



FEET TRANSMITTAL

5 Sector 1/1

		Complete if known	
		Application Number: 09/974,748	
		Filing Date: October 10, 2001	
		First Named Inventor: Bina, Bruce M. et al.	
		Group Art Unit: 3662	
Examiner Name: Not Yet Assigned			
Total Amt. of Payment: (1)+(2)+(3)=	\$870	Attorney Docket Number: 0107-P02129US0	

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)																	
1. The Commissioner is hereby authorized to: <input type="checkbox"/> Charge indicated fees <input checked="" type="checkbox"/> Charge additional fees <input checked="" type="checkbox"/> Credit overpayments to the account of DANN, DORFMAN, HERRELL & SKILLMAN Deposit Account Number <u>04-1406</u>		ADDITIONAL FEES Fee Description Fee Paid Surcharge-late filing fee or oath <u>130</u> Surcharge - late provisional filing fee or cover sheet Extension for response within first month Extension for response within second month Extension for response within third month Extension for response within fourth month Notice of Appeal Filing a brief in support of an appeal Request for oral hearing Petition to revive unavoidably abandoned application Petition to revive unintentionally abandoned application Issue fee Petitions to the Commissioner Petitions related to provisional applications Submission of Information Disclosure Stmt. Recording each patent assignment per property Other fee (specify) <u>Advance Order (10 copies)</u> <u></u> SUBTOTAL (3) <u>\$130</u>																	
2. Payment enclosed: Check in the amount of <u>\$870</u>																			
FEE CALCULATION 1. FILING FEE Fee Description Fee Utility filing fee <u>740</u> Design filing fee Plant filing fee Reissue filing fee SUBTOTAL (1) <u>740</u>																			
2. <table border="0"> <tr> <th></th> <th>Paid</th> <th>Extr</th> <th>Fee</th> </tr> <tr> <td>Total Claims</td> <td>10</td> <td>-20</td> <td>= 0</td> </tr> <tr> <td>Independent Claims</td> <td>3</td> <td>-3</td> <td>= 0</td> </tr> <tr> <td>Multiple Dependent (First presentation)</td> <td></td> <td></td> <td></td> </tr> </table> SUBTOTAL (2) <u>\$0</u>			Paid	Extr	Fee	Total Claims	10	-20	= 0	Independent Claims	3	-3	= 0	Multiple Dependent (First presentation)					
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Submitted By:

Typed or

Printed Name John B. Berryhill, Ph.D., J.D. Reg. Number 36,452

Signature JBH Date November 20, 2001

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04-1406

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